

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)**USE FEC MAILING LABEL  
OR TYPE OR PRINT** ▼Example: If typing, type  
over the lines

New York State Hospital and Healthcare Associations' Federal PAC

ADDRESS (number and street)

One Empire Drive

☐Check if different  
than previously  
reported. (ACC)

Rensselaer

NY

12144

2. **FEC IDENTIFICATION NUMBER** ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C00160259

3. IS THIS  
REPORT☒NEW  
(N)**OR**☐AMENDED  
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15  
Quarterly Report(Q1)☒July 15  
Quarterly Report(Q2)☐October 15  
Quarterly Report(Q3)☐January 31  
Quarterly Report(YE)☐July 31 Mid-Year  
Report(Non-election  
Year Only) (MY)☐Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)  
(Non-Election  
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)  
(Non-Election  
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day  
**PRE**-Election  
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12S)

Election on

in the  
State of(d) 30-Day  
**Post**-Election  
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the  
State of

5. Covering Period

04

01

2010

through

06

30

2010

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Mr. Steven Kroll

Signature of Treasurer

Electronically Filed by Mr. Steven Kroll

Date

07

14

2010

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office  
Use  
Only**FEC FORM 3X**  
(Rev. 12/2004)

# SUMMARY PAGE

## OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

2 / 31

Write or Type Committee Name

New York State Hospital and Healthcare Associations' Federal PAC

Report Covering the Period: From: 

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To: 

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1	2010	133970.73
(b) Cash on Hand at Beginning of Reporting Period .....	26470.73	
(c) Total Receipts (from Line 19) .....	57725.00	57725.00
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	84195.73	191695.73
7. Total Disbursements (from Line 31) .....	35000.00	142500.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	49195.73	49195.73
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

### For further information contact:

Federal Election Commission  
999 E street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

3 / 31

Write or Type Committee Name

New York State Hospital and Healthcare Associations' Federal PAC

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	4	0	1	2	0	1	0

To:

M	M	D	D	Y	Y	Y	Y
0	6	3	0	2	0	1	0

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A) .....	55500.00	55500.00
(ii) Unitemized .....	2225.00	2225.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	57725.00	57725.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	57725.00	57725.00
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	57725.00	57725.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	57725.00	57725.00

## DETAILED SUMMARY PAGE

of Disbursements

4 / 31

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)			
(i) Federal Share.....	0.00	0.00	
(ii) Non-Federal Share.....	0.00	0.00	
(b) Other Federal Operating Expenditures.....	0.00	0.00	
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➤	0.00	0.00	
22. Transfers to Affiliated/Other Party Committees.....	35000.00	138500.00	
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	4000.00	
24. Independent Expenditure (use Schedule E) .....	0.00	0.00	
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00	
26. Loan Repayments Made.....	0.00	0.00	
27. Loans Made.....	0.00	0.00	
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00	
(b) Political Party Committees	0.00	0.00	
(c) Other Political Committees (such as PACs) .....	0.00	0.00	
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00	
29. Other Disbursements.....	0.00	0.00	
30. Federal Election Activity (2 U.S.C 431(20))			
(a) Shared Federal Election Activity (from Schedule H6)			
(i) Federal Share .....	0.00	0.00	
(ii) "Levin" Share .....	0.00	0.00	
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00	
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00	
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	35000.00	142500.00	
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	35000.00	142500.00	

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

5 / 31

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	57725.00	57725.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	57725.00	57725.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	0.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 31

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York State Hospital and Healthcare Associations' Federal PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr. Daniel Abbruzzese

Mailing Address 7 Harrison Woods Court

City

Northport

State

NY

Zip Code

11768

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Winthrop University Hosp.

Occupation

Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 7 / 2 0 1 0

Transaction ID: SA11AI.13897

Amount of Each Receipt this Period

600.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Neil Abitabile

Mailing Address 400 Stony Brook Court

City

Newburgh

State

NY

Zip Code

12550

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Northern Metropolitan Hosp  
Asn

Occupation

President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 7 / 2 0 1 0

Transaction ID: SA11AI.13906

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Otto Betz

Mailing Address 259 First Street

City

Mineola

State

NY

Zip Code

11501

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Winthrop University Hospi-  
tal

Occupation

Board Member

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 7 / 2 0 1 0

Transaction ID: SA11AI.13940

Amount of Each Receipt this Period

600.00

**SUBTOTAL** of Receipts This Page (optional) .....

2200.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 31

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York State Hospital and Healthcare Associations' Federal PAC

**A.**

Full Name (Last, First, Middle Initial)

Ms. Pamela Brier

Mailing Address 58 Tompkins Place

City

Brooklyn

State

NY

Zip Code

11231

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Maimonides Medical Center

Occupation

Chief Executive Officer

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 7 / 2 0 1 0

Transaction ID: SA11AI.13899

Amount of Each Receipt this Period

1500.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Michael Brisman

Mailing Address 36 Mackay Way

City

Roslyn

State

NY

Zip Code

11576

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
South Nassau Communities  
Hosp.

Occupation

Physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 7 / 2 0 1 0

Transaction ID: SA11AI.13968

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. John Broder

Mailing Address 259 First Street

City

Mineola

State

NY

Zip Code

11501

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Winthrop-University Hospi-  
tal

Occupation

Vice President

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 7 / 2 0 1 0

Transaction ID: SA11AI.13892

Amount of Each Receipt this Period

350.00

**SUBTOTAL** of Receipts This Page (optional) .....

2850.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 31

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York State Hospital and Healthcare Associations' Federal PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr. James F. Campbell

Mailing Address 85 Second Street

City

Garden City

State

NY

Zip Code

11530

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Winthrop University Hospi-  
tal

Occupation  
Trustee

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 1 7 / 2 0 1 0

Transaction ID: SA11AI.13947

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. James Capozzi

Mailing Address 14 Meadow Lane

City

East Williston

State

NY

Zip Code

11596

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Winthrop University Hospi-  
tal

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 0 7 / 2 0 1 0

Transaction ID: SA11AI.13988

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Ralph Caselnova

Mailing Address P.O. Box 326

City

Orient

State

NY

Zip Code

11957

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
S. Nassau Communities Hos-  
p.

Occupation  
Nephrologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 8 / 2 0 1 0

Transaction ID: SA11AI.13910

Amount of Each Receipt this Period

600.00

**SUBTOTAL** of Receipts This Page (optional) .....

2600.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 31

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York State Hospital and Healthcare Associations' Federal PAC

A.

Full Name (Last, First, Middle Initial)

Ms. Palmira Cataliotti

Mailing Address 18 Manor Avenue

City

Roslyn Heights

State

NY

Zip Code

11577

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Winthrop University Hospi-  
tal

Occupation

Chief Financial Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 1 7 / 2 0 1 0

Transaction ID: SA11AI.13938

Amount of Each Receipt this Period

600.00

B.

Full Name (Last, First, Middle Initial)

Dr. Eva Chalas

Mailing Address 259 First Street

City

Mineola

State

NY

Zip Code

11501

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Winthrop University Hospi-  
tal

Occupation

Vice President of OB/GYN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 0 7 / 2 0 1 0

Transaction ID: SA11AI.13975

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Ms Maureen Clancy

Mailing Address 400 Stewart Avenue

City

Garden City

State

NY

Zip Code

11530

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Winthrop University Hospi-  
tal

Occupation

Board Member

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 1 7 / 2 0 1 0

Transaction ID: SA11AI.13937

Amount of Each Receipt this Period

600.00

SUBTOTAL of Receipts This Page (optional) .....

1700.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 31

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York State Hospital and Healthcare Associations' Federal PAC

**A.**

Full Name (Last, First, Middle Initial)

Dr. Russell Cohen

Mailing Address 258 Merrick Road

City

Oceanside

State

NY

Zip Code

11572

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
South Nassau Communities  
Hosp.

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 8 / 2 0 1 0

Transaction ID: SA11AI.13921

Amount of Each Receipt this Period

600.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Bruce Cohn

Mailing Address 72 Glenlawn Avenue

City

Sea Cliff

State

NY

Zip Code

11579

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Winthrop University Hospi-  
tal

Occupation  
Assistant Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 7 / 2 0 1 0

Transaction ID: SA11AI.13954

Amount of Each Receipt this Period

350.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. John Collins

Mailing Address 259 First Street

City

Mineola

State

NY

Zip Code

11501

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Winthrop University Hospi-  
tal

Occupation  
Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 7 / 2 0 1 0

Transaction ID: SA11AI.13935

Amount of Each Receipt this Period

1500.00

**SUBTOTAL** of Receipts This Page (optional) .....

2450.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 31

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York State Hospital and Healthcare Associations' Federal PAC

**A.**

Full Name (Last, First, Middle Initial)

Ms. Denise Daly

Mailing Address 300 Victoria Place

City

Lawrence

State

NY

Zip Code

11559

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Winthrop University Hospi-  
tal

Occupation

Administration

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 7 / 2 0 1 0

Transaction ID: SA11AI.14009

Amount of Each Receipt this Period

350.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Mounir Doss

Mailing Address 8900 VanWyck Expressway

City

Jamaica

State

NY

Zip Code

11418

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Jamaica Hospital Medical  
Center

Occupation

Chief Financial Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 7 / 2 0 1 0

Transaction ID: SA11AI.13973

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Anthony Durante

Mailing Address 134 Mineola Blvd.

City

Mineola

State

NY

Zip Code

11501

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Winthrop University Hospi-  
tal

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 7 / 2 0 1 0

Transaction ID: SA11AI.13983

Amount of Each Receipt this Period

350.00

**SUBTOTAL** of Receipts This Page (optional) .....

1700.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 31

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York State Hospital and Healthcare Associations' Federal PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr. Joseph Fennessey

Mailing Address 188 Willis Court

City

Wantagh

State

NY

Zip Code

11793

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
South Nassau Communities  
Hosp.

Occupation

Board Member

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 7 / 2 0 1 0

Transaction ID: SA11AI.13907

Amount of Each Receipt this Period

600.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Steven Fishbane

Mailing Address 2 Brandon Drive

City

Commack

State

NY

Zip Code

11725

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Winthrop University Hospi-  
tal

Occupation

Chief Medical Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 7 / 2 0 1 0

Transaction ID: SA11AI.13957

Amount of Each Receipt this Period

350.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. James Flaherty

Mailing Address 259 First Street

City

Mineola

State

NY

Zip Code

11501

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Winthrop University Hospi-  
tal

Occupation

Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 7 / 2 0 1 0

Transaction ID: SA11AI.13994

Amount of Each Receipt this Period

600.00

**SUBTOTAL** of Receipts This Page (optional) .....

1550.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 31

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York State Hospital and Healthcare Associations' Federal PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr. Bruce J. Flanz

Mailing Address 2 Cosmos Lane

City

New City

State

NY

Zip Code

10956

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Jamaica Hospital Medical  
Center

Occupation

Chief Operating Officer

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 7 / 2 0 1 0

Transaction ID: SA11AI.13972

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Ms. Maureen Gaffney

Mailing Address 30 Pilgrim Lane

City

Westbury

State

NY

Zip Code

11590

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Winthrop University Hospi-  
tal

Occupation

Senior Vice President

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 7 / 2 0 1 0

Transaction ID: SA11AI.13944

Amount of Each Receipt this Period

350.00

**C.**

Full Name (Last, First, Middle Initial)

Ms. Ann Gilpin

Mailing Address 3157 Riverside Drive

City

Wellsville

State

NY

Zip Code

14895

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Jones Memorial Hospital

Occupation

Chief Executive Officer

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 8 / 2 0 1 0

Transaction ID: SA11AI.13925

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

2350.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 31

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York State Hospital and Healthcare Associations' Federal PAC

**A.**

Full Name (Last, First, Middle Initial)

Ms. Wendy Goldstein

Mailing Address 24 Fenimore Road

City

Scarsdale

State

NY

Zip Code

10583

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Lutheran Medical Center

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 7 / 2 0 1 0

Transaction ID: SA11AI.14001

Amount of Each Receipt this Period

1250.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Joseph Greco

Mailing Address 82 Eton Road

City

Garden City

State

NY

Zip Code

11530

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Winthrop University Hospi-  
tal

Occupation

Chairman, Anesthesiology

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 8 / 2 0 1 0

Transaction ID: SA11AI.13912

Amount of Each Receipt this Period

350.00

**C.**

Full Name (Last, First, Middle Initial)

Ms. Ann Hannford

Mailing Address 369 N. Hickory Street

City

N. Massapequa

State

NY

Zip Code

11758

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Winthrop University Hospi-  
tal

Occupation

Assistant Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 7 / 2 0 1 0

Transaction ID: SA11AI.13959

Amount of Each Receipt this Period

350.00

**SUBTOTAL** of Receipts This Page (optional) .....

1950.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 31

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York State Hospital and Healthcare Associations' Federal PAC

**A.**

Full Name (Last, First, Middle Initial)

Ms Barbara Kleine

Mailing Address 109 Fig Drive

City

Dix Hills

State

NY

Zip Code

11746

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Winthrop University Hospi-  
tal

Occupation

Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 7 / 2 0 1 0

Transaction ID: SA11AI.13961

Amount of Each Receipt this Period

600.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Ronald Krawiec

Mailing Address 845 Routes 5 & 20

City

Irving

State

NY

Zip Code

14081

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
TLC Health Network

Occupation

Chief Operating Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 8 / 2 0 1 0

Transaction ID: SA11AI.13916

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Steven Kroll

Mailing Address One Empire Drive

City

Rensselaer

State

NY

Zip Code

12144

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Healthcare Association of  
NYS

Occupation

Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 0 3 / 2 0 1 0

Transaction ID: SA11AI.13890

Amount of Each Receipt this Period

750.00

**SUBTOTAL** of Receipts This Page (optional) .....

2350.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 31

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York State Hospital and Healthcare Associations' Federal PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr. David Kruczynski

Mailing Address 32 Oak Valley Way

City

Queensbury

State

NY

Zip Code

12804

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Glens Falls Hospital

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 8 / 2 0 1 0

Transaction ID: SA11AI.13927

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Joseph Lamantia

Mailing Address 80 Tulipwood Drive

City

Commack

State

NY

Zip Code

11725

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
South Nassau Communities  
Hosp.

Occupation

Hospital Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 4 / 2 0 1 0

Transaction ID: SA11AI.14020

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. John Lane

Mailing Address 94 Sixth Street

City

Garden City

State

NY

Zip Code

11530

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Winthrop University Hospi-  
tal

Occupation

Trustee

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 7 / 2 0 1 0

Transaction ID: SA11AI.13999

Amount of Each Receipt this Period

350.00

**SUBTOTAL** of Receipts This Page (optional) .....

2350.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 31

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York State Hospital and Healthcare Associations' Federal PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr. Patrick Long

Mailing Address 15 Pond View Drive

City

Syosset

State

NY

Zip Code

11791

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Winthrop University Hospi-  
tal

Occupation  
Trustee

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 1 7 / 2 0 1 0

Transaction ID: SA11AI.13896

Amount of Each Receipt this Period

600.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. D. Rob MacKenzie

Mailing Address 6252 Bower Road

City

Trumansburg

State

NY

Zip Code

14886

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cayuga Medical Center

Occupation  
Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 1 7 / 2 0 1 0

Transaction ID: SA11AI.13898

Amount of Each Receipt this Period

600.00

**C.**

Full Name (Last, First, Middle Initial)

Ms. Monica Mahaffey

Mailing Address 43 E. 23rd Street

City

Huntington

State

NY

Zip Code

11746

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Stony Brook Univ. Med. Ct-  
r.

Occupation  
Asst. Dir., Gov't. Rel.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 0 3 / 2 0 1 0

Transaction ID: SA11AI.13888

Amount of Each Receipt this Period

350.00

**SUBTOTAL** of Receipts This Page (optional) .....

1550.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 31

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York State Hospital and Healthcare Associations' Federal PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr. Joseph Mancino

Mailing Address 109 tanners Pond Road

City

Garden City

State

NY

Zip Code

11530

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Winthrop University Hospi-  
tal

Occupation  
Trustee

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 1 7 / 2 0 1 0

Transaction ID: SA11AI.13952

Amount of Each Receipt this Period

600.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. John McCabe

Mailing Address 750 E. Adams Street

City

Syracuse

State

NY

Zip Code

13210

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Upstate University Hospi-  
tal

Occupation  
Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 0 3 / 2 0 1 0

Transaction ID: SA11AI.13885

Amount of Each Receipt this Period

350.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Ronald McGlynn

Mailing Address 120 Whitehall Blvd.

City

Garden City

State

NY

Zip Code

11530

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Winthrop University Hospi-  
tal

Occupation  
Board Member

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 1 7 / 2 0 1 0

Transaction ID: SA11AI.13943

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1450.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 / 31

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York State Hospital and Healthcare Associations' Federal PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr. John McNelis

Mailing Address 114 New Market Road

City

Garden City

State

NY

Zip Code

11530

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Winthrop University Hospi-  
tal

Occupation

Administration

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 0 7 / 2 0 1 0

Transaction ID: SA11AI.14002

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Stephen S. Mills

Mailing Address 162 Sidney Street

City

Oyster Bay

State

NY

Zip Code

11771

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Hospital Queens

Occupation

President & CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 0 7 / 2 0 1 0

Transaction ID: SA11AI.14000

Amount of Each Receipt this Period

1500.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Frank Monteleone

Mailing Address 15 Oak Lane

City

Old Brookville

State

NY

Zip Code

11545

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Winthrop University Hospi-  
tal

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 0 7 / 2 0 1 0

Transaction ID: SA11AI.13977

Amount of Each Receipt this Period

1500.00

**SUBTOTAL** of Receipts This Page (optional) .....

3250.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 / 31

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York State Hospital and Healthcare Associations' Federal PAC

**A.**

Full Name (Last, First, Middle Initial)

Dr. Carlos Montoya

Mailing Address 45 East Broadway

City

Long Beach

State

NY

Zip Code

11561

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Winthrop University Hospi-  
tal

Occupation

Pediatric Cardiology Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 7 / 2 0 1 0

Transaction ID: SA11AI.13949

Amount of Each Receipt this Period

350.00

**B.**

Full Name (Last, First, Middle Initial)

Ms. Helen Morik

Mailing Address 3777 Independence Avenue

City

Bronx

State

NY

Zip Code

10463

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Presbyterian Hos-  
pital

Occupation

Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 7 / 2 0 1 0

Transaction ID: SA11AI.13962

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Allan Morse

Mailing Address 7 Elm Road

City

Scarsdale

State

NY

Zip Code

10583

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Jewish Guild for the Blind

Occupation

health care management

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 8 / 2 0 1 0

Transaction ID: SA11AI.13926

Amount of Each Receipt this Period

1500.00

**SUBTOTAL** of Receipts This Page (optional) .....

2100.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 / 31

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

New York State Hospital and Healthcare Associations' Federal PAC

**A.**

Full Name (Last, First, Middle Initial)

Ms. Nancy Nammack

Mailing Address 78 Westminster Road

City

Garden City

State

NY

Zip Code

11530

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Winthrop-University Hospi-  
tal

Occupation  
Trustee

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 1 7 / 2 0 1 0

Transaction ID: SA11AI.13936

Amount of Each Receipt this Period

1500.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Michael Niederman

Mailing Address 3 Verity Lane

City

Roslyn

State

NY

Zip Code

11576

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Winthrop University Hospi-  
tal

Occupation  
Chairman, Dept. of Medicine

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 0 7 / 2 0 1 0

Transaction ID: SA11AI.13986

Amount of Each Receipt this Period

600.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Herbert Pardes

Mailing Address 601 W. 113th Street

City

New York

State

NY

Zip Code

10025

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Presbyterian Hos-  
pital

Occupation  
Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 1 7 / 2 0 1 0

Transaction ID: SA11AI.13931

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

3100.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 / 31

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York State Hospital and Healthcare Associations' Federal PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr. Gino Pazzaglini

Mailing Address 6 Rose Ridge Court

City

Saratoga Springs

State

NY

Zip Code

12866

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Seton Health System

Occupation  
CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 0 7 / 2 0 1 0

Transaction ID: SA11AI.13974

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. John Pfeifer

Mailing Address 259 First Street

City

Mineola

State

NY

Zip Code

11501

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Winthrop University Hospi-  
tal

Occupation  
Assistant Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 0 7 / 2 0 1 0

Transaction ID: SA11AI.13998

Amount of Each Receipt this Period

350.00

**C.**

Full Name (Last, First, Middle Initial)

Ms Jeanne Pidot

Mailing Address P.O. Box 653

City

Locust Valley

State

NY

Zip Code

11560

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Winthrop University Hospi-  
tal

Occupation  
Board Member

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 0 7 / 2 0 1 0

Transaction ID: SA11AI.13997

Amount of Each Receipt this Period

600.00

**SUBTOTAL** of Receipts This Page (optional) .....

1450.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 / 31

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York State Hospital and Healthcare Associations' Federal PAC

**A.**

Full Name (Last, First, Middle Initial)

Dr. William Polf

Mailing Address 80 Central Park West

City

New York

State

NY

Zip Code

10023

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NY-Presbyterian Healthcare  
Sys

Occupation

Health Care Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 7 / 2 0 1 0

Transaction ID: SA11AI.13930

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Philip Ragno

Mailing Address 4 Tappentown Lane

City

Brookville

State

NY

Zip Code

11545

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Winthrop University Hospi-  
tal

Occupation

Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 7 / 2 0 1 0

Transaction ID: SA11AI.13995

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. George Rainer

Mailing Address 1 Berkshire Court

City

Port Jefferson

State

NY

Zip Code

11777

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Winthrop-University Hospi-  
tal

Occupation

Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 7 / 2 0 1 0

Transaction ID: SA11AI.13980

Amount of Each Receipt this Period

350.00

**SUBTOTAL** of Receipts This Page (optional) .....

1850.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 24 / 31

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York State Hospital and Healthcare Associations' Federal PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr. Richard Rivera

Mailing Address 250 Sound Beach Drive

City

Mattituck

State

NY

Zip Code

11952

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Winthrop University Hospi-  
tal

Occupation

Assistant Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 8 / 2 0 1 0

Transaction ID: SA11AI.13914

Amount of Each Receipt this Period

600.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Nicholas Rosato

Mailing Address 81 Eton Road

City

Garden City

State

NY

Zip Code

11530

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Winthrop University Hospi-  
tal

Occupation

Board Member

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 1 7 / 2 0 1 0

Transaction ID: SA11AI.13941

Amount of Each Receipt this Period

350.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. David P. Rosen

Mailing Address 28 Rolling Hills Lane

City

Harrison

State

NY

Zip Code

10528

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Jamaica Hospital Medical  
Ctr.

Occupation

President/CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 0 7 / 2 0 1 0

Transaction ID: SA11AI.13971

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

1950.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 25 / 31

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York State Hospital and Healthcare Associations' Federal PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr. Charles Ruoff

Mailing Address 100 Hilton Avenue

City

Garden City

State

NY

Zip Code

11530

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Winthrop University Hospi-  
tal

Occupation

Board Member

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 1 7 / 2 0 1 0

Transaction ID: SA11AI.13895

Amount of Each Receipt this Period

350.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Stephen Rushmore

Mailing Address 259 First Street

City

Mineola

State

NY

Zip Code

11501

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Winthrop University Hospi-  
tal

Occupation

Board Member

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 0 7 / 2 0 1 0

Transaction ID: SA11AI.13979

Amount of Each Receipt this Period

1500.00

**C.**

Full Name (Last, First, Middle Initial)

Ms Sarah Schermerhorn

Mailing Address 80 Sweetman Road

City

Burnt Hills

State

NY

Zip Code

12027

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Ellis Medicine

Occupation

Board Member

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 1 7 / 2 0 1 0

Transaction ID: SA11AI.13929

Amount of Each Receipt this Period

600.00

**SUBTOTAL** of Receipts This Page (optional) .....

2450.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 26 / 31

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York State Hospital and Healthcare Associations' Federal PAC

**A.**

Full Name (Last, First, Middle Initial)

Dr. Scott Schubach

Mailing Address 124 Brookville Lane

City

Old Brookville

State

NY

Zip Code

11545

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Winthrop Univeristy Hospi-  
tal

Occupation

Physician/Dept. Chair

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 7 / 2 0 1 0

Transaction ID: SA11AI.13991

Amount of Each Receipt this Period

1500.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Gary Schwall

Mailing Address 259 First Street

City

Mineola

State

NY

Zip Code

11501

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Winthrop University Hospi-  
tal

Occupation

Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 7 / 2 0 1 0

Transaction ID: SA11AI.13956

Amount of Each Receipt this Period

600.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Joel Seligman

Mailing Address 21 Kitchawan Road

City

Pound Ridge

State

NY

Zip Code

10576

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Northern Westchester Hosp-  
ital

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 7 / 2 0 1 0

Transaction ID: SA11AI.13901

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

3100.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 27 / 31

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York State Hospital and Healthcare Associations' Federal PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr. Louis Shapiro

Mailing Address 535 E. 70th Street

City

New York

State

NY

Zip Code

10021

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Hospital for Special Surg-  
ery

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 0 3 / 2 0 1 0

Transaction ID: SA11AI.13887

Amount of Each Receipt this Period

600.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Genevieve Sicuranza

Mailing Address 52 Bayberry Avenue

City

Garden City

State

NY

Zip Code

11530

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Winthrop University Hospi-  
tal

Occupation

Chief of O.B.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 7 / 2 0 1 0

Transaction ID: SA11AI.13969

Amount of Each Receipt this Period

1500.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Charles Strain

Mailing Address 151 Hampton Road

City

Garden City

State

NY

Zip Code

11530

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Winthrop University Hospi-  
tal

Occupation

Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 7 / 2 0 1 0

Transaction ID: SA11AI.13993

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

3100.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York State Hospital and Healthcare Associations' Federal PAC

**A.**

Full Name (Last, First, Middle Initial)

Dr. William Streck, M.D.

Mailing Address 1 Atwell Road

City

Cooperstown

State

NY

Zip Code

13326

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Bassett Healthcare

Occupation

President/CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 4 / 2 0 1 0

Transaction ID: SA11AI.14019

Amount of Each Receipt this Period

2500.00

**B.**

Full Name (Last, First, Middle Initial)

Ms. Valerie Terzano

Mailing Address 259 First Street

City

Mineola

State

NY

Zip Code

11501

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Winthrop University Hospi-  
tal

Occupation

Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 7 / 2 0 1 0

Transaction ID: SA11AI.13953

Amount of Each Receipt this Period

350.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Solomon Torres

Mailing Address 19 Edgewood Raod

City

Hartsdale

State

NY

Zip Code

10530

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Winthrop University Hospi-  
tal

Occupation

Vice President, Administration

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 7 / 2 0 1 0

Transaction ID: SA11AI.13981

Amount of Each Receipt this Period

350.00

**SUBTOTAL** of Receipts This Page (optional) .....

3200.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 29 / 31

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York State Hospital and Healthcare Associations' Federal PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr. Edward Travagianti

Mailing Address 1 EAB Plaza

City

Uniondale

State

NY

Zip Code

11555

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Citibank Commercial Marke-  
ts

Occupation  
Banker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 7 / 2 0 1 0

Transaction ID: SA11AI.13946

Amount of Each Receipt this Period

600.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. John Treiber

Mailing Address 394 Charles Street

City

E. Williston

State

NY

Zip Code

11596

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Winthrop University Hospi-  
tal

Occupation  
Trustee

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 7 / 2 0 1 0

Transaction ID: SA11AI.13948

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Anthony Vintzileos

Mailing Address 4 Sky High Terrace

City

Bridgewater

State

NJ

Zip Code

08807

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Winthrop University Hospi-  
tal

Occupation  
Chairman, OB/GYN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 7 / 2 0 1 0

Transaction ID: SA11AI.13951

Amount of Each Receipt this Period

600.00

**SUBTOTAL** of Receipts This Page (optional) .....

1700.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 30 / 31

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York State Hospital and Healthcare Associations' Federal PAC

**A.**

Full Name (Last, First, Middle Initial)

Dr. Walter Weiss

Mailing Address 277 West End Avenue

City

New York

State

NY

Zip Code

10023

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Winthrop University Hospi-  
tal

Occupation

Director, Pediatric Anesthesiology

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 8 / 2 0 1 0

Transaction ID: SA11AI.13911

Amount of Each Receipt this Period

350.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Paul Whalen

Mailing Address 259 First Street

City

Mineola

State

NY

Zip Code

11501

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Winthrop University Hospi-  
tal

Occupation

Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 7 / 2 0 1 0

Transaction ID: SA11AI.13967

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Michael Winn

Mailing Address 9 N. Clover Drive

City

Great Neck

State

NY

Zip Code

11021

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
South Nassau Communities  
Hosp.

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 8 / 2 0 1 0

Transaction ID: SA11AI.13923

Amount of Each Receipt this Period

600.00

**SUBTOTAL** of Receipts This Page (optional) .....

1200.00

**TOTAL** This Period (last page this line number only) .....

55500.00

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 31 / 31

<input type="checkbox"/> 21b	<input checked="" type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

New York State Hospital and Healthcare Associations' Federal PAC

**A.**

Full Name (Last, First, Middle Initial)

American Hospital Association PAC

Mailing Address 325 Seventh Street, NW  
Suite 700

City Washington State DC Zip Code 20004

Purpose of Disbursement  
Transfer to Affiliated SSF

Candidate Name

008  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB22.14023

Date of Disbursement

05 / 04 / 2010

Amount of Each Disbursement this Period

15000.00

**B.**

Full Name (Last, First, Middle Initial)

American Hospital Association PAC

Mailing Address 325 Seventh Street, NW  
Suite 700

City Washington State DC Zip Code 20004

Purpose of Disbursement  
Transfer to Affiliated SSF

Candidate Name

008  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB22.14025

Date of Disbursement

06 / 08 / 2010

Amount of Each Disbursement this Period

20000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

35000.00

**TOTAL** This Period (last page this line number only) .....

35000.00